

## STANDARD CERTIFICATE OF DEATH

State File No. 20561

4440

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MISSOURI b. COUNTY \_\_\_\_\_ 2169

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO. 77 yrs

c. CITY OR TOWN ST. LOUIS d. Is Residence within limits of a city or incorporated town? Yes  No 

d. FULL NAME OF HOSPITAL OR INSTITUTION #3516 WYOMING STR.

e. STREET ADDRESS (If rural, give location) 16 3516 WYOMING STR.

3. NAME OF DECEASED (Type or Print) a. (First) PAULINE b. (Middle) CHRISTINE c. (Last) GUERDAN

4. DATE OF DEATH (Month) (Day) (Year) May, 16th, 1954

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH April 7th, 1877 77 9. AGE (In years last birthday) 77 10. Months 11. Days 12. Hours 13. Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework

10b. KIND OF BUSINESS OR INDUSTRY home

11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME FRANCIS GUERDAN

13b. MOTHER'S MAIDEN NAME CHRISTINE GRUEN

14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) NO (If yes, give war or date of service) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS ERWIN N. GUERDAN 3516 Wyoming St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
*\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) ARTERIOSCLEROTIC HEART DISEASE 5 YEARS  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS 5 YEARS  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 5 YEARS

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION NONE

20. AUTOPSY? YES  NO 

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK 

21f. HOW DID INJURY OCCUR? 4200

22. I hereby certify that I attended the deceased from 1/19/47, 19, to May 16, 1954, that I last saw the deceased alive on MAY 16, 1954, and that death occurred at 20 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Gray A. Damon M.D.

23b. ADDRESS 440 5203 Chippewa

23c. DATE SIGNED 5/17/54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE MAY 16TH 1954

24c. NAME OF CEMETERY OR CREMATORY BEISSE FONTAINE CEMETERY ST. LOUIS MO

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. MAY 18 1954

REGISTRAR'S SIGNATURE J. Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HARRY L. WEIDENMUELLER 6203 Travis Dr.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~and~~ by ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Etton R. Remelius*.....

Licensed Embalmer No. *42*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.